## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |                                       |                               |                              |                  |            | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                     |                        |  |
|--|---|---|---------------------------------------|-------------------------------|------------------------------|------------------|------------|---------------------|------------------------|----------------------------|---------------------|------------------------|--|
| TOTAL CLAIMS   |   |   | 16                                    |                               |                              |                  | ſ          | RATE                | FEE                    |                            | RATE                | FEE                    |  |
| FOR  |   |   | NUMBER FILED                          |                               | NUMBER EXTRA                 |                  |            | BASIC FEE           | 355.00                 | OR                         | BASIC FEE           | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | /6 minus 20=                          |                               | . 15                         |                  |            | X\$ 9=              | ,                      | OR                         | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |   |   | <b>8</b> minus 3 =                    |                               | 1                            |                  |            | X40=                |                        | OR                         | X80=                |                        |  |
| MU   | LTIPLE DEPEN  | DENT CLAIM PI                             | RESENT                                |                               |                              |                  |            | +135=               |                        | OR                         | +270=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in  |   |   |                                       |                               |                              | olumn 2          | •          | TOTAL               |                        | OR                         | TOTAL               | 7/0                    |  |
|  | CI  | TII                                       |                                       |                               | ·                            |                  |            | OTHER               |                        |                            |                     |                        |  |
|  |   | (Column 1)                                |                                       | (Colu                         |                              | (Column 3)       |            | SMALL E             | ENTITY                 | OR                         | SMALL               |                        |  |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ,                                     | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | · 15                                      | Minus                                 | • 0                           | 0                            | =                |            | X\$ 9=              |                        | OR                         | X\$18=              |                        |  |
|  | Independent   | AUTATION OF M                             | Minus                                 | ENDEND                        | }                            |                  |            | X40=                |                        | OR                         | X80=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |   |                                       |                               |                              |                  |            | +135=               |                        | OR                         | +270=               |                        |  |
| •  |   |   |                                       |                               |                              |                  |            | TOTAL<br>ADDIT, FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |   |   |                                       |                               |                              |                  |            |                     |                        | -                          |                     |                        |  |
| AMENDMENT B  |   | CLAIMS<br>REMAINING                       |                                       | HIGH<br>NUM                   | iest<br>Iber                 | PRESENT          | <b>]</b> [ | RATE                | ADDI-<br>TIONAL        |                            | RATE                | ADDI-<br>TIONAL        |  |
|  | ·   | AFTER<br>AMENDMENT                        | · · · · · · · · · · · · · · · · · · · |                               | OUSLY<br>FOR                 | EXTRA            | <b>↓ ↓</b> | -                   | FEE                    |                            |                     | FEE                    |  |
|  | Total   | •   | Minus                                 | **                            |                              | 8                | ┦┃         | X\$ 9=              |                        | OR                         | X\$18=              |                        |  |
|  | Independent   | *   | Minus                                 | ***                           | CLAIM                        | <u> </u>         | ┨          | X40=                |                        | OR                         | X80=                |                        |  |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDEN   |   |                                       |                               | - OCPAIN                     | ـــامبوا         | ┛┃         | +135=               |                        | OR                         | +270=               |                        |  |
|  |   |   |                                       |                               |                              |                  |            |                     |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)   |   |   |                                       |                               |                              |                  |            |                     |                        |                            |                     |                        |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | •   | Minus                                 | **                            |                              | =                |            | X\$ 9=              |                        | OR                         | X\$18=              |                        |  |
|  | Independent   | ·   | Minus                                 | ***                           | T CLAIL                      | =                |            | X40=                |                        | OR                         | X80=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=   |   |   |                                       |                               |                              |                  |            |                     | `                      | OR                         | +270=               |                        |  |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FFF |   |   |                                       |                               |                              |                  |            |                     |                        | OR                         | TOTAL               |                        |  |
| ***  | "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                                       |                               |                              |                  |            |                     |                        |                            |                     |                        |  |